Case 17-31968 Doc 1 Filed 10/25/17 Entered 10/25/17 16:41:00 Desc Main Document Page 1 of 53

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|---|---|--------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Angie First name M Middle name Terrell Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3319 | | |

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Case number (if known)

Debtor 1 Angie M Terrell

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 4040 W 19th St, Apt 1 Chicago, IL 60623 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Angie M Terrell

| 7. | The chapter of the | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | | | | | |
|-----|---|--|-------------------------------|--|--|------------------------------|--------------------------|--|--|
| | Bankruptcy Code you are choosing to file under | | | | | | | | |
| | choosing to me under | ☐ Chapter 7 | | | | | | | |
| | | ☐ Ch | apter 11 | | | | | | |
| | | ☐ Ch | apter 12 | | | | | | |
| | | ■ Ch | apter 13 | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typica attorney is submit | ally, if you are paying | the fee yourself, | , you may pay with cash | local court for more details , cashier's check, or money n a credit card or check with | |
| | | | | | | this option, sign | n and attach the Applica | ation for Individuals to Pay | |
| | | | • | e in Installments (t my fee be waive | if you are filing for Chan | oter 7. By law, a judge may, | | | |
| | | | but is not requapplies to you | iired to, waive you r family size and | ur fee, and may do so you are unable to pay | only if your inco | ome is less than 150% of | of the official poverty line that this option, you must fill out | |
| 9. | Have you filed for | □ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ■ Yes | S. | | | | | | |
| | | | District | ilnbke | When | 4/22/16 | Case number | 16-13846 | |
| | | | District | | When | | Case number | | |
| | | | District | | When | | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | 3. | | | | | | |
| | | | Debtor | | | | Relationship to y | ou | |
| | | | District | , | When | | Case number, if | known | |
| | | | Debtor | | | | Relationship to y | ou | |
| | | | District | | When | | Case number, if | known | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | | | | | |
| | | ☐ Yes | s. Has yo | ur landlord obtain | ed an eviction judgme | nt against you a | and do you want to stay | in your residence? | |
| | | | | No. Go to line 12 | | | | | |
| | | | | Yes. Fill out Initia | l Statement About an | Eviction Judam | ent Against You (Form | 101A) and file it with this | |

Case 17-31968 Doc 1 Filed 10/25/17 Entered 10/25/17 16:41:00 Desc Main Document Page 4 of 53 Case number (if known) Debtor 1 Angie M Terrell Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Angie M Terrell Page 5 of 53

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Angie M Terrell Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Angie M Terrell Signature of Debtor 2 Angie M Terrell Signature of Debtor 1 Executed on October 25, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Angie M Terrell Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas G. Stahulak Signature of Attorney for Debtor | Date | October 25, 2017 MM / DD / YYYY |
|---|---------------|------------------------------------|
| Thomas G. Stahulak Printed name | | |
| Stahulak & Associates, L.L.C. / GetFiled Firm name | | |
| 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | |
| 6288620 Bar number & State | | |

| | | Docume | ent Page 8 of 53 | 2 000 |
|---------------------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Angie M Terrell | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| 000 1 1 5 | 4000 | | | ŭ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| гаі | t 1: Summarize Your Assets | Your a | a coto |
|-----|--|--------------|-------------------------------|
| | | | ssets If what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,296.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 11,296.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 7,181.35 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 45,731.56 |
| | Your total liabilities | \$ | 52,912.91 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,487.17 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,062.17 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | - Value dabta are primarily consumer dabta. Consumer dabta are those (in sured by an individual primarily for | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Angie M Terrell

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

3,043.74

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 7,394.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 7,394.00 |

| | | Document | Page 10 of 53 | | |
|---|---|---|--|--|---|
| Fill in this info | rmation to identify your | case and this filing: | | | |
| Debtor 1 | Angie M Terrell | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| Inited States F | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | |
| Office Claics E | bankruptoy Court for the. | TOTAL PROPERTY OF THE | | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official E | orm 1061/D | | | | |
| Jiliciai Fo | orm 106A/B | | | | |
| Schedu | ile A/B: Prop | erty | | | 12/15 |
| hink it fits best. nformation. If mo Answer every que | Be as complete and accura ore space is needed, attach estion. | te items. List an asset only once. I ate as possible. If two married peo a separate sheet to this form. On g, Land, or Other Real Estate You | ple are filing together, both ar the top of any additional page | e equally responsible for s | upplying correct |
| Part 1. Describ | e Each Residence, Building | g, Land, of Other Real Estate four | JWII OF Have all litterest in | | |
| . Do you own or | r have any legal or equitabl | e interest in any residence, buildir | ıg, land, or similar property? | | |
| No. Go to Pa | art 2. | | | | |
| ☐ Yes. Where | e is the property? | | | | |
| | | | | | |
| Part 2: Describ | e Your Vehicles | | | | |
| □ No ■ Yes | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | tility vehicles, motorcycles | | | |
| 3.1 Make: | Chevrolet | Who has an interest in | the property? Check one | | claims or exemptions. Put |
| Model: | Impala LT | ■ Debtor 1 only | | | ed claims on Schedule D: nims Secured by Property. |
| Year: | 2009 | Debtor 2 only | | | |
| | | ,000 Debtor 1 and Debtor | 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other info | ormation: | At least one of the de | • | | |
| | | | | | |
| | | ☐ Check if this is com | munity property | \$4,470.00 | \$4,470.00 |
| | | TVs and other recreational veonal watercraft, fishing vessels, | | | |
| ■ No | | | | | |
| □Yes | | | | | |
| •• | | | | | |
| | | | | | |
| 5 Add the dol | llar value of the portion | you own for all of your entries | from Part 2. including any | entries for | . |
| | | Write that number here | | | \$4,470.00 |
| | | | | | |
| Part 3: Describ | e Your Personal and Hous | ehold Items | | | |
| Do you own or | r have any legal or equit | able interest in any of the folk | owing items? | | Current value of the portion you own? Do not deduct secured |
| . Household | goods and furnishings | | | | claims or exemptions. |
| 6. Household (| goods and furnishings | | | | Do not deduct s |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| | Case 17-31968 | Doc 1 | Filed 10/25/17 | Entered 10/25/1 | L7 16:41:00 | Desc Main |
|--|--|----------------|--------------------------|-------------------------------|------------------------|--|
| Debtor 1 | Angie M Terrell | | Document | Page 11 of 53 | e number (if known) | |
| ■ Yes. | Describe | | | | | |
| | Used pe | ersonal hou | sehold furniture and g | oods/items | | \$300.00 |
| ■ No | | | | oment; computers, printers, | , scanners; music c | ollections; electronic devices |
| 8. Collecti Examp | ibles of value | | | oks, pictures, or other art o | bjects; stamp, coin. | or baseball card collections; |
| Example No | nent for sports and hobbie les: Sports, photographic, ex musical instruments | | other hobby equipment; | bicycles, pool tables, golf c | elubs, skis; canoes | and kayaks; carpentry tools; |
| 10. Firear ı <i>Exam</i> ■ No | | s, ammunitior | n, and related equipmen | 1 | | |
| □ No | ples: Everyday clothes, furs. Describe | , leather coat | s, designer wear, shoes | accessories | | |
| | Used pe | ersonal clotl | ning and accessories | | | \$400.00 |
| ■ No □ Yes. 13. Non-fa Exam No □ Yes. | ples: Everyday jewelry, cost Describe prm animals ples: Dogs, cats, birds, hors Describe ther personal and househors | es | | | | gold, silver |
| ■ No | Give specific information | • | , , , | | , | |
| | the dollar value of all of yo art 3. Write that number h | | | | have attached | \$700.00 |
| | escribe Your Financial Assets | | | | | |
| Do you ov | wn or have any legal or eq | uitable inter | est in any of the follow | ing? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | ples: Money you have in you | | | | n you file your petiti | on |
| Official For | m 106A/B | | Schedule A/B: F | Property | | page |

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| Debtor 1 | Angie M Terre | ell | | Case number (if known) | |
|--------------------------------------|--|--|--|--|----------------------|
| | | | | Cash on hand | \$20.00 |
| Exam | | | ounts; certificates of deposit; shares is with the same institution, list each. | in credit unions, brokerage houses, a | nd other similar |
| □ No ■ Yes. | | | Institution name: | | |
| | | 17.1. Checking | Chase | | \$80.00 |
| | | or publicly traded stocks investment accounts with bro | okerage firms, money market accoun | ıts | |
| ☐ Yes. | | Institution or issuer | name: | | |
| | oublicly traded sto venture | ock and interests in incorp | orated and unincorporated busine | sses, including an interest in an Ll | LC, partnership, and |
| | . Give specific info | rmation about them Name of entity: | | % of ownership: | |
| Nego Non-r ■ No | tiable instruments i | nclude personal checks, cas ents are those you cannot tra | otiable and non-negotiable instrum shiers' checks, promissory notes, and ansfer to someone by signing or deliv | d money orders. | |
| □ 165. | . Give specific initor | Issuer name: | | | |
| | ement or pension and ples: Interests in IF | | 103(b), thrift savings accounts, or oth | er pension or profit-sharing plans | |
| ■ Yes | . List each account | separately. Type of account: | Institution name: | | |
| | | 401(k) | retirement plan through en SURRENDER VALUE | nployer - NO CASH | \$1.00 |
| Your | | I deposits you have made so | o that you may continue service or us public utilities (electric, gas, water), to | e from a company elecommunications companies, or ot | hers |
| | | | Institution name or individual: | | |
| 23. Annui ■ No | ities (A contract for | a periodic payment of mone | ey to you, either for life or for a numb | er of years) | |
| ☐ Yes. | lss | uer name and description. | | | |
| 24. Interes 26 U.S ■ No | sts in an education S.C. §§ 530(b)(1), 53 | n IRA, in an account in a q 29A(b), and 529(b)(1). | ualified ABLE program, or under a | qualified state tuition program. | |
| | Ins | titution name and descriptio | n. Separately file the records of any in | nterests.11 U.S.C. § 521(c): | |
| 25. Trusts ■ No | s, equitable or futu | ure interests in property (c | other than anything listed in line 1) | , and rights or powers exercisable | for your benefit |
| | . Give specific info | rmation about them | | | |
| Exam | | | nd other intellectual property eds from royalties and licensing agree | ements | |
| ■ No □ Yes. | . Give specific info | rmation about them | | | |

Official Form 106A/B

| Debtor 1 | Angie M Terrell | 700 D0C1 | Document | Page 13 of 53 | ase number (if known) | Desc Main |
|-----------------------|--|--|--|---------------------------------------|--------------------------|--|
| Debtor 1 | Angle W Terreil | | | | ise namber (ii known) | |
| Examµ ■ No | es, franchises, and onles: Building permits, Give specific informa | exclusive licenses, o | | n holdings, liquor license | s, professional license | es |
| Money or | property owed to yo | ou? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re f | unds owed to you | | | | | |
| ■ Yes. | Give specific informa | tion about them, inclu | uding whether you alrea | ady filed the returns and | the tax years | |
| | | | Estimated tax refund stimated for earned | | Federal | \$6,025.00 |
| ■ No | | , | sal support, child suppo | ort, maintenance, divorce | e settlement, property | settlement |
| Examp ■ No | | lisability insurance pa loans you made to s | | efits, sick pay, vacation p | oay, workers' compen | sation, Social Security |
| 31. Interes | ts in insurance polic | cies | | | | |
| <i>Exam</i> µ ■ No | oles: Health, disability | , or life insurance; he | ealth savings account (F | HSA); credit, homeowne | r's, or renter's insuran | ce |
| ☐ Yes. | Name the insurance | company of each pol Company name: | icy and list its value. | Beneficiary | : | Surrender or refund value: |
| If you some of | | a living trust, expect | someone who has die proceeds from a life ins | d surance policy, or are cu | rrently entitled to rece | ive property because |
| Examp ■ No | | oyment disputes, insu | ou have filed a lawsui urance claims, or rights | t or made a demand fo to sue | r payment | |
| ■ No | contingent and unlic | • | every nature, including | g counterclaims of the | debtor and rights to | set off claims |
| ■ No | nancial assets you d | • | | | | |
| | | | | ny entries for pages yo | | \$6,126.00 |
| Part 5: De | scribe Any Business-R | elated Property You C | own or Have an Interest I | n. List any real estate in P | art 1. | |

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Official Form 106A/B Schedule A/B: Property page 4

Case 17-31968

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Case number (if known) Document Debtor 1 Angie M Terrell 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$4,470.00 57. Part 3: Total personal and household items, line 15 \$700.00 Part 4: Total financial assets, line 36 58. \$6,126.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$11,296.00 \$11,296.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$11,296.00

| | | 1700.11111. | 111 FAUE 1.3 OL 3. | .) |
|---------------------|--------------------------|-------------------|--------------------|----|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Angie M Terrell | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Current value of the Amount of the exemption you claim

Part 1: Identify the Property You Claim as Exempt

Brief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|-------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Used personal household furniture and goods/items | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used personal clothing and accessories Line from Schedule A/B: 11.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) |
| Elle Holli Genedale AVB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| Zino nom osinodalo i ve i | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Chase Line from Schedule A/B: 17.1 | \$80.00 | | \$80.00 | 735 ILCS 5/12-1001(b) |
| Zino nom osinodato i vizi. | | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): retirement plan through employer - NO CASH SURRENDER | \$1.00 | | \$1.00 | 735 ILCS 5/12-1006 |
| VALUE Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

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Case number (if known)

| - | Angle W Terreil | | | | |
|----|--|--|----------|--|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim ck only one box for each exemption. | Specific laws that allow exemption |
| | Federal: 2017 Estimated tax refund (\$4,480.00 estimated for earned income credit) Line from <i>Schedule A/B</i> : 28.1 | \$6,025.00 | ■ | \$4,480.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(g)(1) |
| | Federal: 2017 Estimated tax refund (\$4,480.00 estimated for earned income credit) Line from <i>Schedule A/B</i> : 28.1 | \$6,025.00 | | \$1,545.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes | 3 years after that for car | ses fil | · | , |

| Middle Name Last Name Middle Name Last Name E: NORTHERN DISTRICT OF ILLINOIS S Who Have Claims Secur Last Name Las | e equally responsible for so not the top of any additions. You have nothing else | amend ty supplying correct informational pages, write your na | Column C Unsecured |
|--|--|---|---|
| Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS S Who Have Claims Secure Last Name Last Na | e equally responsible for some control of any additions. You have nothing else ately and a column A and a colum | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| e: NORTHERN DISTRICT OF ILLINOIS S Who Have Claims Secur a. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. Is more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | e equally responsible for some control of any additions. You have nothing else ately and a column A and a colum | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| e: NORTHERN DISTRICT OF ILLINOIS S Who Have Claims Secur a. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. Is more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | e equally responsible for some on the top of any additions. You have nothing else the column A Amount of claim | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| e: NORTHERN DISTRICT OF ILLINOIS S Who Have Claims Secur a. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. Is more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | e equally responsible for some on the top of any additions. You have nothing else the column A Amount of claim | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| es Who Have Claims Secur a. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules In below. Is more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | amend ty supplying correct information on all pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | supplying correct informational pages, write your nation to report on this form. Column B Value of collateral | 12/15 ation. If more space me and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | supplying correct informational pages, write your nation to report on this form. Column B Value of collateral | ation. If more space ime and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | supplying correct informational pages, write your nation to report on this form. Column B Value of collateral | ation. If more space ime and case Column C Unsecured |
| b. If two married people are filing together, both are it out, number the entries, and attach it to this form by your property? It this form to the court with your other schedules in below. It is more than one secured claim, list the creditor separates a particular claim, list the other creditors in Part 2.2. | e equally responsible for some control of any additions. On the top of any additions. You have nothing else the column A Amount of claim | supplying correct informational pages, write your nation to report on this form. Column B Value of collateral | ation. If more space ime and case Column C Unsecured |
| by your property? It this form to the court with your other schedules In below. Is more than one secured claim, list the creditor separa Is a particular claim, list the other creditors in Part 2. | c. You have nothing else cately As Amount of claim | to report on this form. Column B Value of collateral | Column C Unsecured |
| by your property? It this form to the court with your other schedules In below. It is some than one secured claim, list the creditor separa It is a particular claim, list the other creditors in Part 2. | s. You have nothing else ately As Amount of claim | to report on this form. Column B Value of collateral | Column C Unsecured |
| t this form to the court with your other schedules in below. s more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | ately As Amount of claim | Column B Value of collateral | Unsecured |
| n below. s more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | ately As Amount of claim | Column B Value of collateral | Unsecured |
| s more than one secured claim, list the creditor separa as a particular claim, list the other creditors in Part 2. | As Amount of claim | Value of collateral | Unsecured |
| as a particular claim, list the other creditors in Part 2. | As Amount of claim | Value of collateral | Unsecured |
| as a particular claim, list the other creditors in Part 2. | As Amount of claim | Value of collateral | Unsecured |
| as a particular claim, list the other creditors in Part 2. | As Amount of claim | | |
| etical order according to the creditor's name | Do not doduct the | that supports this | |
| stical dradi addorating to the droater o hame. | value of collateral. | claim | portion If any |
| Describe the property that secures the claim: | \$7,181.35 | \$4,470.00 | \$0.00 |
| 2009 Chevrolet Impala LT 180,000 | | | |
| miles | | | |
| As of the date you file, the claim is: Check all tha | | | |
| apply. ☐ Contingent | | | |
| <u> </u> | | | |
| <u> </u> | | | |
| Nature of lien. Check all that apply. | | | |
| ☐ An agreement you made (such as mortgage o | secured | | |
| car loan) | | | |
| ☐ Statutory lien (such as tax lien, mechanic's lier |) | | |
| ☐ Judgment lien from a lawsuit | | | |
| Other (including a right to offset) Purchas | e Money Security | | |
| | | | |
| st | | | |
| | | | |
| Last 4 digits of account number 590 |)1 | | |
| | | | |
| | □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or car loan) □ Statutory lien (such as tax lien, mechanic's lien □ Judgment lien from a lawsuit ■ Other (including a right to offset) Purchas | □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) r □ Judgment lien from a lawsuit ■ Other (including a right to offset) Purchase Money Security | □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) r □ Judgment lien from a lawsuit ■ Other (including a right to offset) Purchase Money Security |

If this is the last page of your form, add the dollar value totals from all pages. \$7,181.35 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| ` | Jaco 11 01000 1 | Document | Page 18 of 53 | DCSO Main |
|--|--|---|---|---|
| Fill in this info | ormation to identify your | | | |
| Debtor 1 | Angie M Terrell | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle None | Last Name | |
| (Spouse II, IIIIng) | riist Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Fo | rm 106E/F | | | |
| | | /ho Have Unsecured | Claims | 12/15 |
| | | | TY claims and Part 2 for creditors with NONPRIORIT | |
| Schedule G: Exe Schedule D: Cre left. Attach the C | ecutory Contracts and Unexpeditors Who Have Claims Sec | pired Leases (Official Form 106G). I cured by Property. If more space is | list executory contracts on Schedule A/B: Property Do not include any creditors with partially secured needed, copy the Part you need, fill it out, number port in a Part, do not file that Part. On the top of an | claims that are listed in the entries in the boxes on the |
| Part 1: List | t All of Your PRIORITY Ur | nsecured Claims | | |
| 1. Do any cree | ditors have priority unsecure | ed claims against you? | | |
| No. Go t | o Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List | t All of Your NONPRIORIT | TY Unsecured Claims | | |
| 3. Do any cree | ditors have nonpriority unse | cured claims against you? | | |
| ☐ No. You | have nothing to report in this p | part. Submit this form to the court with | your other schedules. | |
| Yes. | | | | |
| unsecured of | claim, list the creditor separatel | y for each claim. For each claim lister | he creditor who holds each claim. If a creditor has m d, identify what type of claim it is. Do not list claims alre have more than three nonpriority unsecured claims fill | ady included in Part 1. If more |
| | | | | Total claim |
| 4.1 Amer | | Last 4 digits of acc | count number | \$1,500.00 |
| • | ority Creditor's Name .ee Street | When was the deb | t incurred? | |
| | Plaines, IL 60016 | When was the deb | | |
| | er Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| Who in | ncurred the debt? Check one. | | | |
| Deb | otor 1 only | ☐ Contingent | | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | | |
| ☐ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At I | east one of the debtors and an | Other | RITY unsecured claim: | |
| | eck if this claim is for a com | • | | |
| debt Is the o | claim subject to offset? | ☐ Obligations arisi report as priority cla | ng out of a separation agreement or divorce that you di | d not |
| ■ No | | | n or profit-sharing plans, and other similar debts | |
| □ Yes | 3 | ■ Other. Specify | 1 01 / | |
| 00 | - | - Other. Specify | ·,, | |

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| Debio | Angle M Terrell | Case number (if know) | |
|-------|---|---|-------------|
| 4.2 | City of Chicago * | Last 4 digits of account number | \$15,788.00 |
| | Nonpriority Creditor's Name Department of Finance | When was the debt incurred? | |
| | P.O Box 88292 Chicago, IL 60680-1292 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Parking Tickets | |
| 4.3 | Contract Callers Inc | Last 4 digits of account number 7556 | \$1.00 |
| | Nonpriority Creditor's Name 1058 Claussen Rd | When was the debt incurred? | |
| | Ste 110 | | |
| | Augusta, GA 30907 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | - | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection | |
| 4.4 | Creditors Bankruptcy Service | Last 4 digits of account number | \$293.91 |
| | Nonpriority Creditor's Name | When we the debt in some dO | |
| | PO Box 800849 Dallas, TX 75380 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify SEVENTH AVE CLAIM | |
| | : | — Outer, Specify | |

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| Debto | or 1 Angie M Terrell | | Case number (if know) | | | | |
|-------|--|--|---|------------|--|--|--|
| 4.5 | ERC/Enhanced Recovery Corp | Last 4 digits of account number | 4717 | \$277.73 | | | |
| | Nonpriority Creditor's Name 8014 Bayberry Rd | When was the debt incurred? | Opened 1/01/16 | | | | |
| | Jacksonville, FL 32256 | _ | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | ■ Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alatas | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | | | | | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Collection A | | | | | |
| | | | | | | | |
| 4.6 | Ginnys/Swiss Colony Inc Nonpriority Creditor's Name | Last 4 digits of account number | 4570 | \$1.00 | | | |
| | 1112 7th Ave | | Opened 2/01/13 Last Active | | | | |
| | Monroe, WI 53566 | When was the debt incurred? | 9/15/13 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Charge Acc | ount | | | | |
| 4.7 | Honor Finance | Last 4 digits of account number | 0801 | \$8,707.13 | | | |
| | Nonpriority Creditor's Name | _ | | Ψο, | | | |
| | 909 Davis Street, Suite 620 Evanston, IL 60201 | When was the debt incurred? | Opened 2/01/14 Last Active 11/20/15 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | <u></u> | aration agreement or divorce that you did not | | | | |
| | ■ No | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Automobile | Deficiency CLAIM | | | | |
| | | | | | | | |

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| 1 Angie M Terrell | | Case number (if know) | |
|---|--|--|--|
| IC Systems, Inc | Last 4 digits of account number | 0001 | \$1,225.45 |
| 444 Highway 96 East Po Box 64378 | When was the debt incurred? | Opened 10/01/15 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| <u> </u> | Continuent | | |
| | | | |
| | _ ' | | |
| | • | d claim: | |
| _ | | u ciaiii. | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| - | | ng plans, and other similar debts | |
| Yes | | | |
| | | | |
| Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | | \$1.00 |
| 2365 Northside Dr Suite 300 | When was the debt incurred? | Opened 8/01/13 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Capital Ban | ompany Account World Financial k | |
| Navient | Last 4 digits of account number | 0909 | \$4,583.00 |
| Attn: Claims Dept Po Box 9500 | When was the debt incurred? | Opened 9/01/02 Last Active 1/08/16 | |
| Wilkes-Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| | | | |
| | <u> </u> | | |
| _ | | d claim: | |
| | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| ■ No | | ng plans, and other similar debts | |
| | Other, Specify | | |
| | | l | |
| | IC Systems, Inc Nonpriority Creditor's Name 444 Highway 96 East Po Box 64378 St Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Midland Funding Nonpriority Creditor's Name 2365 Northside Dr Suite 300 San Diego, CA 92108 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Navient Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Attn: Claims Dept Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? | C. Systems, Inc Nonpriority Creditor's Name 444 Highway 96 East Po Box 64378 St Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 shading Debtor 2 shading Debtor 1 specifical s | Last 4 digits of account number O001 |

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| Debio | Angle IVI Terrell | | Case number (if know) | | | |
|----------|--|---|---|-------------|--|--|
| 4.1 | Navient | Last 4 digits of account number | 0909 | \$2,811.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773 | When was the debt incurred? | Opened 9/01/02 Last Active 1/08/16 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing | aration agreement or divorce that you did not | | | |
| | | | | | | |
| | Yes | Other. Specify | | | | |
| | | Educational | | | | |
| 4.1 2 | OverInd Bond Nonpriority Creditor's Name | Last 4 digits of account number | 7238 | \$10,541.34 | | |
| | 4701 W. Fullerton Ave. Chicago, IL 60639 | When was the debt incurred? | Opened 1/30/12 Last Active 6/18/13 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Automobile | Deficiency CLAIM | | | |
| 4.1 | Rent Recovery Solution Nonpriority Creditor's Name | Last 4 digits of account number | 6514 | \$1.00 | | |
| | 2814 Spring Rd Se Ste 30 Atlanta, GA 30339 | When was the debt incurred? | Opened 1/01/15 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Collection A | attorney Urban Alternatives | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Angie M Terrell | | Case number (if know) |
|--|--|---|
| Name and Address | On which entry in Part 1 or Part 2 did | I you list the original creditor? |
| American InfoSource LP | Line <u>4.5</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO Box 248848 Oklahoma City, OK 73124 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Orianoma City, OK 73124 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | I you list the original creditor? |
| Arnold Scott Harris, P.C. | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 111 W Jackson Blvd, Suite 600 Chicago, IL 60604 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | <i>'</i> |
| AT&T Mobility II LLC c/o AT&T Services, Inc | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| One AT&T Way, Room 3A104 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Bedminster, NJ 07921 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | I you list the original creditor? |
| Chicago Department of Revenue | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| 121 N. Lasalle Street Room 107A | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60602 | | |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | I you list the original creditor? |
| Goldman and Grant | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 205 W Randolph Chicago, IL 60606 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | I you list the original creditor? |
| Harris & Harris | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| 600 W. Jackson Blvd #400 Chicago, IL 60661 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | |
| Linebarger Goggan Blair & Sampson PO Box 06152 | Line <u>4.2</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Chicago, IL 60606 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did | • |
| Secretary of State | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Compliance Dept 2701 S Dirksen Pkwy | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Springfield, IL 62723 | | |
| | Last 4 digits of account number | |
| A 11 (1 A | la a como d'Olaire | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | . • | | 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 7,394.00 |
| Total | | | | |

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Debtor 1 Angie M Terrell

| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
|-----------------------|-----|---|-----|-----------------|
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | | \$ 38,337.56 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 45,731.56 |

Official Form 106 E/F

| | | 17(7(3))))) | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Angie M Terrell | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | 0.1.5 | | 0.0.0 | 2.1. 0000 | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | - ity | | Cidio | | |

| | | Docume | ent Page 26 d | DI 5.3 | |
|--|---|--|---|---|--|
| Fill in this in | formation to identify your | | | | |
| Debtor 1 | Angie M Terrell | | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle None | Lost Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numbe (if known) | r | | | | ☐ Check if this is an amended filing |
| | Form 106H I le H: Your Cod | ebtors | | | 12/15 |
| people are fil ill it out, and our name ar | ing together, both are equ | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct informat n the Additional Page t | tion. If more space is r to this page. On the to | ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| 1. DO уо | u have any codebtors? (IF) | you are filing a joint case, o | do not list either spouse | e as a codebtor. | |
| ■ No □ Yes | | | | | |
| Arizona, No. G Yes. [3. In Columnin line 2 | California, Idaho, Louisiana, o to line 3. Did your spouse, former spounn 1, list all of your codebt again as a codebtor only i | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | ington, and Wisconsin.) r if your spouse is filin sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official |
| out Colu | | Form 106E/F), or Sched | ule G (Official Form 10 | Jog). Use Schedule D, | Schedule E/F, or Schedule G to fill |
| | olumn 1: Your codebtor ne, Number, Street, City, State and Zi | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| Na | me | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| Nu | mber Street | | | | |
| City | у | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | 200 |
| Na | me | | | Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| Nu | mber Street | | | _ | |
| City | | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | |
|--------------------|---|-------------------------------|--|--------------------|----------------|--|----------------------------|---|-----------------|
| Del | otor 1 Angie M Ter | rell | | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number | | | | | | d filing ent sho | g owing postpetition he following date: | chapter |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment Fill in your employment | are married and not filing wi | ng jointly, and your sith you, do not include onal pages, write yo | spouse de infor | is liv mati | ring with you, İnclı on about your spo d case number (if l | ude in ouse. I knowr | formation about If more space is n). Answer every | your needed, |
| | information. | | Debtor 1 | | | | | on-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | ed | |
| | employers. | Occupation | Cashier | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Aldi Inc | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1200 N. Kirk Rd. Batavia, IL 60510 |) | | | | | |
| | | How long employed to | here? 4 Years | | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | late you file this form. If | you have nothing to re | port for | any | line, write \$0 in the | space | e. Include your nor | n-filing |
| | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the information | n for all e | empl | oyers for that perso | n on th | he lines below. If | you need |
| | | | | | | For Debtor 1 | | Debtor 2 or n-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,541.74 | \$_ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 2,541.74 | \$ | N/A | |

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| Debto | or 1 | Angie M Terrell | | Ca | ise number (if kn | own) | | | |
|-------|--------------------|---|------------|-------|-------------------|------|----------|-------------------------------|----------|
| | | | | F | For Debtor 1 | | | Debtor 2 or -filing spouse | |
| | Cop | py line 4 here | 4. | \$ | 2,541 | .74 | \$ | N/A | |
| 5. | List | t all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | 429 | 82 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | . \$ | | .00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | . \$ | 0 | .00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | . \$ | 0 | .00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0 | .00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | | | .00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h. | .+ \$ | 50 | .00 | + \$ | N/A | |
| 6. | Add | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 556 | .57 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,985 | .17 | \$ | N/A | |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 92 | . \$ | | .00 | ¢ | N/A | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | | | .00 | \$ \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | . Ф | | .00 | Ψ | N/A_ | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | . \$ | 50 | .00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | . \$ | 0 | .00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | . \$ | 0 | .00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f. | \$ | ; o | .00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | . \$ | 0 | .00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: Estimated future tax refund(s), averaged over 12 month | 8h. | .+ \$ | 502 | .00 | + \$ | N/A | |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 502 | .00 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,487.17 | + \$ | | N/A = \$ | 2,487.17 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | | |
| | Incl othe Do | te all other regular contributions to the expenses that you list in Sched ude contributions from an unmarried partner, members of your household, year friends or relatives. not include any amounts already included in lines 2-10 or amounts that are recify: | our depe | | | | | chedule J. | 0.00 |
| | Writ | d the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Cellies | | | | | | 12. \$ | 2,487.17 |
| 13. | Do j | you expect an increase or decrease within the year after you file this fo | orm? | | | | | monthly | |
| | | Yes. Explain: | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| | | | | | | • | | | | |
|-------------------|--|---|--------------------------------------|---|--|------------|----------|-----------------|---|-------|
| Fill | in this informat | tion to identify yo | our case: | | | | | | | |
| Deb | otor 1 | Angie M Terr | ell | | | Cr | | if this is: | | |
| | otor 2 ouse, if filing) | | | | | | Α | supplement show | ing postpetition cha he following date: | pter |
| Unit | ted States Bankr | uptcy Court for the | : NORTH | ERN DISTRICT OF ILL | INOIS | | M | M / DD / YYYY | | |
| 1 | se number nown) | | | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | | | 12/15 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta ry questio | If two married people ch another sheet to th | | | | | | |
| Par 1. | ls this a join | ibe Your House | ehold | | | | | | | |
| | ■ No. Go to □ Yes. Doe | o line 2. s Debtor 2 live i | • | ate household? | | | | | | |
| | Ll Y€ | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expens</i> | ses for Separate House | ehold of D | ebtor | 2. | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's related Debtor 1 or Debtor | | _ | Dependent's age | Does dependent live with you? | |
| | Do not state dependents | | | | Son | | _ | 7 | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes | |
| | | | | | | | | | ☐ Yes | |
| 3. | expenses of yourself and | penses include f people other to d your depende | han nts? □ | No Yes | | | | | | |
| Est | imate your ex | | our bankr | y Expenses uptcy filing date unless y is filed. If this is a su | | | | | | |
| the | | n assistance an | | government assistanc cluded it on <i>Schedule I</i> | | | | Your expe | enses | |
| 4. | | or home owners | | ses for your residence r lot. | . Include first mortgag | e 4. | \$ | | 400.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | \$ | | 0.00 | |
| | | | • | ıpkeep expenses | | 4c. | _ | | 0.00 | |
| 5. | | owner's associat | | dominium dues our residence, such as l | home equity loops | 4d. 5 | \$ \$ | | 0.00 | |
| J. | Auditional | igage payiil | IUI Y | on recidence, such as | nonio oquity idalib | J. | Ψ | | 0.00 | |

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| Debt | or 1 Angie M Terrell C | ase num | ber (if known) | |
|------------|--|----------|---------------------|--------------------------|
| 6. | Utilities: | | | |
| J. | 6a. Electricity, heat, natural gas | 6a. | \$ | 300.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 320.00 |
| | 6d. Other. Specify: | 6d. | · | 0.00 |
| , | Food and housekeeping supplies | _ ou. 7. | | |
| | | | · | 400.17 |
| 3. | Childcare and children's education costs | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| | Personal care products and services | 10. | · | 99.00 |
| | Medical and dental expenses | 11. | \$ | 50.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. | 40 | • | 240.00 |
| | Do not include car payments. | 12. | · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| 4. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 5. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 123.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | _ | · | |
| | Specify: | 16. | \$ | 0.00 |
| | Installment or lease payments: | _ | · | |
| • | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | 17c. Other. Specify: | 17c. | · | 0.00 |
| | 17d. Other. Specify: | — 17d. | · | 0.00 |
| | | _ 17u. | Φ | 0.00 |
| ο. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| a | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| ٥. | Specify: | 19. | Ψ | 0.00 |
| ^ | Other real property expenses not included in lines 4 or 5 of this form or on <i>Sched</i> i | | our Incomo | |
| Ο. | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | | 0.00 |
| | | | · | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. | Other: Specify: Auto Repairs | 21. | +\$ | 30.00 |
| 2 | Calaulata varus manthis avnancas | | | |
| ۷۷. | Calculate your monthly expenses | | • | 0.000.47 |
| | 22a. Add lines 4 through 21. | | \$ | 2,062.17 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,062.17 |
| 12 | Calculate very monthly not income | | | |
| ٤٥. | Calculate your monthly net income. | 66 | • | 0 407 47 |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 2,487.17 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,062.17 |
| | | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 00- | e e | 425.00 |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 420.00 |
| . . | Because the because of the second sec | m | | |
| 24. | Do you expect an increase or decrease in your expenses within the year after you | | | or docrosso because of a |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your m modification to the terms of your mortgage? | iorigage | payment to increase | or decrease because of a |
| | , | | | |
| | ■ No. | | | |
| | ☐ Yes. Explain here: | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|---------------------------------|--|--------------------------|------------------------------|-------------------------|---|
| Debtor 1 | Angie M Terrell | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| Declara | tion About a | an Individua | I Debtor's Sc | hedules | 12/15 |
| years, or both. | ey or property by fraud i 18 U.S.C. §§ 152, 1341, ∂ gn Below | | ikruptcy case can result ii | n fines up to \$250,00 | 00, or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | eone who is NOT an atto | orney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sur | nmary and schedules filed | d with this declaration | on and |
| X /s/ And | gie M Terrell | | X | | |
| Angie | M Terrell ure of Debtor 1 | | Signature of | Debtor 2 | |

Date

Date October 25, 2017

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| Fil | I in this inform | nation to identify you | r case: | | | |
|----------------|------------------|--|--|------------------------------------|-------------------------------------|---------------------------------------|
| De | btor 1 | Angie M Terrell | | | | |
| De | btor 2 | First Name | Middle Name | Last Name | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| | se number | | | | | No al Mila is a s |
| (II K | nown) | | | | _ | Check if this is an Imended filing |
| | | | | | | |
| O ₁ | fficial For | rm 107 | | | | |
| St | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/10 |
| | | | | | equally responsible for sup | |
| | | n). Answer every que | | uns form. On the top of any | additional pages, write you | ar manic and case |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ☐ Married | | | | | |
| | ■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ Na | | | | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | '. | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. | Within the la | st 8 years, did you ev | ver live with a spouse or leg | gal equivalent in a commun | ity property state or territor | y? (Community property |
| stat | | | | | co, Texas, Washington and V | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ke sure you fill out Scl | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | |
| 4. | Did you have | any income from or | nnlovment er frem eneratin | a a business during this va | ear or the two previous cale | ndar voare? |
| ٦. | Fill in the tota | I amount of income yo | u received from all jobs and a have income that you receive | all businesses, including part- | time activities. | iluai years: |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$25,990.83 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Document

Debtor 1 Angie M Terrell

| | | | | Debtor 1 | | | | | Debte | or 2 | | | | |
|-----|--------------------------|--|--|--|--|--|--|---|---|---|---------------------------------|-----------------------|--|--------------|
| | | | | Sources of Check all to | | (bef | ess income fore deductions) | ons and | | ces of inc k all that | | | Gross income (before deduction and exclusion | tions |
| | last calen nuary 1 to | dar year: December 3 | 1, 2016) | | ■ Wages, commissions, bonuses, tips \$28,125.00 | | 125.00 | | ages, cor ses, tips | nmissions | s, | | | |
| | | | | ☐ Operat | ing a business | | | | □ Op | erating a | business | S | | |
| | | dar year bef December 3 | | ■ Wages bonuses, t | , commissions, ips | | \$29, | 548.00 | | ages, cor ses, tips | nmissions | S, | | |
| | | | | ☐ Operat | ing a business | | | | □ Op | erating a | business | S | | |
| | winnings. List each s | lf you are filir | ng a joint cas | e and you h | ental income; inter ave income that y ch source separat | ou rec | eived togeth | er, list it or | nly once | e under D | ebtor 1. | | - | |
| | | | | Debtor 1 | | | | | Debto | or 2 | | | | |
| | | | | Sources of Describe b | | eacl (bef | ess income f h source fore deduction lusions) | | Sour | ces of incribe below | | | Gross income (before deduction and exclusion | tions |
| Pai | t 3: List | Certain Pay | ments You | Made Befo | re You Filed for I | Bankru | uptcy | | | | | | | |
| 6. | □ No. | Neither De individual puring the Subject to Debtor 1 o | btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include adjustment r Debtor 2 o 90 days befo Go to line 7 List below e include payo | ebtor 2 has personal, fare you filed ach creditor ditor. Do not payments to on 4/01/19 r both have re you filed ach creditor ments for do not so the payments to on 4/01/19 r both have re you filed ach creditor ments for do | marily consumers primarily consumers primarily consuming, or household for bankruptcy, did to whom you paint include payment of an attorney for the and every 3 years primarily consumers for bankruptcy, did to whom you paint onestic support of | d you p d a tota ts for c nis ban s after t mer de d you p | ebts. Consulose." Day any cred al of \$6,425* domestic sup kruptcy case that for case ebts. Day any cred al of \$600 or | or more in oport obligate. s filed on other atotal more and | of \$6,4 n one or ations, so or after of \$600 the tota | 25* or more pasuch as cothe date of or more | yments a hild support adjustra? | and the ort and ment. | total amount y d alimony. Also | you o, do |
| | | | attorney for | this bankru | · | - | | | | | | | | |
| | Creditor' | s Name and | Address | | Dates of payme | nt | Total an | nount paid | | int you till owe | Was t | his pa | yment for | |

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Debtor 1 Angie M Terrell

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gen- control, or owner of 20% or | eral partners; partner r more of their votin | erships of which yog g securities; and a | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|---|---|---|---|---------------------------------|---|
| | No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 3. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | e case |
| | Case number | Nature of the oase | oourt or agency | | Otatus of th | c dasc |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, 1 | oreclosed, garnis | shed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | 1 | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | uding a bank or fi | nancial institutior | ı, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date | action was | Amount |
| | | | | taker | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an | | rty in the possess | ion of an assigne | e for the bene | efit of creditors, a |
| | ■ No □ Yes | | | | | |
| Pai | rt 5: List Certain Gifts and Contributions | | | | | |
| | Within 2 years before you filed for bankrup | tcy, did you give any gifts | with a total value | of more than \$60 | 0 per person? | ? |
| | No No | | | | | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | Describe the gifts | | Date: | s you gave | Value |
| | Person to Whom You Gave the Gift and Address: | | | tile g | nto | |

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Case number (if known) Debtor 1 Angie M Terrell

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | | | | | |
|-----|---|-----------------------|---|-----------------------------------|---------------------------|--|--|--|--|--|--|--|
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Dates you contributed | Value | | | | | | | | | |
| Par | t 6: List Certain Losses | | | | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | | |
| | how the loss occurred | nclud | eribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | | | | | |
| | □ No ■ Yes. Fill in the details. | | | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | u | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | | |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | \$350.00 (\$310.00 filing fee + \$10.00 copy fees + \$30.00 atty fee) | 10/5/17-10/20/ 17 | \$350.00 | | | | | | | |
| | MoneySharp Credit Counseling 2713 N. Central Park Chicago, IL 60647 | | \$10.00 Credit Counseling | 10/21/17 | \$10.00 | | | | | | | |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | Attorney fee paid in prior case # 16-13846 through Trustee distribution | 10/31/16-7/31/ 17 | \$2,880.26 | | | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | | |

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Debtor 1 Angie M Terrell

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | | | | |
|-----|---|--|---|-------------|--|------------------------------------|------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | y noted on the otatoment | | | | | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | | was | | | | |
| | Person's relationship to you | | | | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer made | was | | | | |
| Par | 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units | | | | | | | | | | |
| 20 | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, | | | | | | | | | | |
| ΞΟ. | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | | unt or | Date account was closed, sold, moved, or transferred | Last bala before closin tran | | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | | the contents | Do you still have it? | | | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | | | | | |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | | | | | |
| | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | V | alue | | | | |
| Par | t 10: Give Details About Environmental Info | ormation | | | | | | | | | |
| or | the purpose of Part 10, the following definiti | ons apply: | | | | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Angie M Terrell

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
|-----|--|--|--|------|--|--------------------|--|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | | |
| 24. | Has | las any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
| | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | |
| | | | | v of | the following connections to any | / husiness? | | | |
| | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | | |
| | Address (Number, Street, City, State and ZIP Code) | | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. Dates business existed | | | | |
| 28. | | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| | | | | | | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Case number (if known) Document

Debtor 1 Angie M Terrell

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Angie M Terrell | |
|----------------------------------|---|
| Angie M Terrell | Signature of Debtor 2 |
| Signature of Debtor 1 | |
| Date October 25, 201 | Date |
| ■ No | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ☐ Yes Did you pay or agree to p | ay someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | -, |
| ☐ Yes Name of Person | Attach the Bankruntcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - Debtor's attorney received \$350.00 from Debtor(s) prior to filing of the case as an advanced payment in compensation of (1) analysis of financial situation; (2) consultation on various bankruptcy and non-bankruptcy options; (3) preparation of documents; (4) payment of filing fees; and, when applicable (5) payment of costs of credit report fees.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received , \$30.00 toward the flat fee, leaving a balance due of \$3,970.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: October 25, 2017 | | |
|---|----------------------------|--|
| Signed: | | |
| /s/ Angie M Terrell | /s/ Thomas G. Stahulak | |
| Angie M Terrell | Thomas G. Stahulak | |
| | Attorney for the Debtor(s) | |
| Debtor(s) | | |
| Do not sign this agreement if the amounts are | e blank. | |

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Angie M Terrell | | | Case No. | |
|-------------|--|--|--|--|--|
| | | | Debtor(s) | Chapter | 13 |
| | DISC | CLOSURE OF COMPE | NSATION OF ATTOR | NEY FOR DE | CBTOR(S) |
| c | ompensation paid to | . § 329(a) and Fed. Bankr. P. 2016 me within one year before the filit of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services | s, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing | g of this statement I have received | | \$ | 30.00 |
| | Balance Due | | | \$ | 3,970.00 |
| 2. \$ | 310.00 of the f | filing fee has been paid. | | | |
| 3. T | The source of the com | npensation paid to me was: | | | |
| | Debtor | ☐ Other (specify): | | | |
| 4. T | he source of compen | nsation to be paid to me is: | | | |
| | Debtor | ☐ Other (specify): | | | |
| 5. I | I have not agreed | to share the above-disclosed comp | pensation with any other person u | inless they are meml | pers and associates of my law firm. |
| [| | hare the above-disclosed compens ment, together with a list of the na | | | |
| 6. I | n return for the above | e-disclosed fee, I have agreed to re | ender legal service for all aspects | of the bankruptcy c | ase, including: |
| b c | Preparation and fil Representation of [Other provisions a Negotiation agreements | btor's financial situation, and rend ling of any petition, schedules, sta the debtor at the meeting of credit as needed] s with secured creditors to reduce a and applications as needed; prousehold goods. | tement of affairs and plan which fors and confirmation hearing, and uce to market value; exemption | may be required; d any adjourned hear n planning; prepar | rings thereof; ation and filing of reaffirmation |
| 7. E | | | | | f from stay actions or any other |
| | | | CERTIFICATION | | |
| | certify that the foreg inkruptcy proceeding | oing is a complete statement of arg. | ny agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| O | ctober 25, 2017 | | /s/ Thomas G. Stah | iulak | |
| Do | nte | | Thomas G. Stahula Signature of Attorney | | |
| | | | Signature of Attorney Stahulak & Associa | | led |
| | | | 53 W. Jackson Blvo | | |
| | | | Chicago, IL 60604 | | |
| | | | Name of law firm | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Angie M Terrell | Debtor(s) | Case No. Chapter 13 | | |
|-------|---|---|---------------------|--|--|
| | VER | RIFICATION OF CREDITOR M | IATRIX | | |
| | Number of Creditors: | | | | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | October 25, 2017 | /s/ Angie M Terrell Angie M Terrell Signature of Debtor | | | |

American InfoSource LP PO Box 248848 Oklahoma City, OK 73124

Americash 880 Lee Street Des Plaines, IL 60016

Arnold Scott Harris, P.C. 111 W Jackson Blvd, Suite 600 Chicago, IL 60604

AT&T Mobility II LLC c/o AT&T Services, Inc One AT&T Way, Room 3A104 Bedminster, NJ 07921

Chicago Department of Revenue 121 N. Lasalle Street Room 107A Chicago, IL 60602

City of Chicago *
Department of Finance
P.O Box 88292
Chicago, IL 60680-1292

Consumer Financial Svc 10431 Us Highway 19 Port Richey, FL 34668

Contract Callers Inc 1058 Claussen Rd Ste 110 Augusta, GA 30907

Creditors Bankruptcy Service PO Box 800849 Dallas, TX 75380

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256 Ginnys/Swiss Colony Inc 1112 7th Ave Monroe, WI 53566

Goldman and Grant 205 W Randolph Chicago, IL 60606

Harris & Harris 600 W. Jackson Blvd #400 Chicago, IL 60661

Honor Finance 909 Davis Street, Suite 620 Evanston, IL 60201

IC Systems, Inc 444 Highway 96 East Po Box 64378 St Paul, MN 55164

Linebarger Goggan Blair & Sampson PO Box 06152 Chicago, IL 60606

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773

Overlnd Bond 4701 W. Fullerton Ave. Chicago, IL 60639

Rent Recovery Solution 2814 Spring Rd Se Ste 30 Atlanta, GA 30339 Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723